

September 19, 2011

**CERTIFIED MAIL**  
**(7007 1490 0003 4205 6435)**

Edwin Bondoc  
A Good Shepherd AFH LLC  
8310 220<sup>th</sup> Street SW  
Edmonds, WA 98026

Adult Family Home License #751814  
Licensee: A Good Shepherd AFH LLC

**IDR RESULTS AND REDUCED CIVIL FINE**

Dear Mr. Bondoc:

Thank you for participating in the Informal Dispute Resolution (IDR) process on August 31, 2011. During the IDR the Statement of Deficiencies (SOD) report dated July 12, 2011 was addressed. This letter is a follow up to the telephone conversation on September 16, 2011, with Bett Schlemmer about the results of the IDR. As discussed, the following information was considered:

- All written materials presented by the adult family home;
- All oral statements and explanations offered by adult family home staff;
- Records gathered by the RCS district staff.

Further, the RCS district staff were questioned as needed in order to clarify the facts and issues that were raised.

Based upon careful review, the SOD dated 5/19/11 was amended as follows:

WAC 388-76-10400 - One sentence was added as the last paragraph on page 2 of 5 of the SOD to address provider phone calls to the home doctor, insurance case worker, and insurance clinic.

The remainder of the SOD remains unchanged.

Additionally, based on information reviewed at the IDR, the civil fine issued in the notice letter dated July 13, 2011 resulting from the citation WAC 388-76-10400 Care and Services in the SOD dated July 12, 2011 has been reduced from \$1,700.00 to \$100.00 (\$100 per violation). The civil fine issued in the notice letter resulting from the citation WAC 388-76-10430 Medication Systems in the SOD remains at \$700.00 (\$100.00 per day x 7 days). The notice letter addressed 6 days and has been corrected to 7 days.

***Amended fine text is written in bold italics.***

WAC 388-76-10400 Care and Services.

**\$100.00**

The provider failed to ensure a resident received a lab test as ordered to monitor the therapeutic effect of a blood thinning medication.

WAC 388-78-10430 Medication System.  
days

**\$100.00 per day x 7**

(May 12, 2011 thru May 18, 2011) = \$700.00

The provider failed to clarify physician orders for medications which resulted in hospitalization of a resident for critically elevated blood clotting levels.

Please remit a check for **\$800.00** payable to the Department of Social and Health Services. The check should be sent to:

**DSHS Office of Financial Recovery  
PO Box 49501  
Olympia, Washington 98504-9501**

If payment has not been received within twenty-eight (28) days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due the department will be recovered.

Enclosed is a copy of the amended SOD.

**You Must:**

- Review the attached amended cover letter and SOD reflecting the change noted above.
- Follow instructions according to the cover letter to the SOD.

If you have any questions, please contact Bett Schlemmer at (360) 725-2403.

Sincerely,

Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

cc: RCS District Administrator  
RCS Unit Field Manager  
RCS Unit Support Staff  
RCS Enforcement File  
State Long Term Care Ombudsman  
Regional Long Term Care Ombudsman  
Central File  
IDR Program File  
OFR